

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013330

STATE FILE NUMBER

FILED APR 27 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1289

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			c. CITY OR TOWN KANSAS CITY		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KRESTWOODS HOSPITAL			d. STREET ADDRESS SCHUYLER HOTEL 1017 LOCUST		
3. NAME OF DECEASED (Type or print) First GLADYS Middle HAWKINSON Last HAWKINSON			4. DATE OF DEATH Month APRIL Day 6 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 2, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK		10b. KIND OF BUSINESS OR INDUSTRY FEDERAL RESERVE	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME FREDERICH ERIKSON		13b. MOTHER'S MAIDEN NAME MABEL RANDALL		14. NAME OF HUSBAND OR WIFE ARCHIE HAWKINSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488-36-4557		17. INFORMANT FLOYD J. MATTHEWS, KANSAS CITY, MISSOURI FED. RESERVE BANK	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Infarction Congestive Heart Failure Auricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rheumatic Heart Disease DUE TO (c) Rheumatic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 4/6X					INTERVAL BETWEEN ONSET AND DEATH March 29-
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour 4:35 Month, Day, Year Oct. 1953 a.m. A. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Oct. 1953 to 4-6-59 and last saw her alive on April 5th 1959 Death occurred at 4:35 A. Krestwood Hospital on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) Paul A. G. Johnson M.D.		
22b. ADDRESS 5000 Endley Ave. K.C. Mo			22c. DATE SIGNED 4/6/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 8, 1959	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY,		(State) MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 4-8-59	26. REGISTRAR'S SIGNATURE Hevar Marshall		

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Paul A. G. Johnson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Robert A. Ray

Licensed Embalmer No. 4182
P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.